

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/522837

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1	1	1		
2		1	1	1		
3		1	1	1		
4		1	1	1		
5		1	1	1		
6		1	1	1		
7		1	1	1		
8		1	1	1		
9		1	1	1		
10		1	1	1		
11		1	1	1		
12		1	1	1		
13		1	1	1		
14		1	1	1		
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16		1	1	1		
17		1	1	1		
18		1	1	1		
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37		1	1	1		
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39		1	1	1		
40		1	1	1		
41		1	1	1		
42		1	1	1		
43		1	1	1		
44		1	1	1		
45		1	1	1		
46		1	1	1		
47		1	1	1		
48		1	1	1		
49		1	1	1		
50		1	1	1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				1		
54				1		
55				1		
56				1		
57				1		
58				1		
59				1		
60				1		
61				1		
62				1		
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66				1		
67				1		
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88				1		
89				1		
90				1		
91				1		
92				1		
93				1		
94				1		
95				1		
96				1		
97				1		
98				1		
99				1		
100				1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						